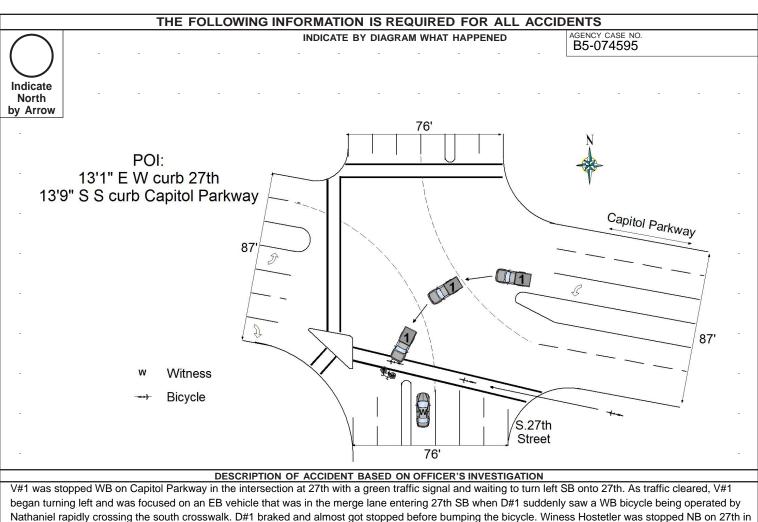
2150: 5575 ⁻	32641 1			te of Nel		's Mo	otor	Ve	hic	cle	A	ccid	er	nt Re	eport	,	Shee	et _1	of	3		
1		Total Number Local No./ District S66 Agency Case B5-07459												HIT & RUN	√ NO	INVESTIGA	1					
A/1	of Vehi		<u> </u>	^{ct} 566	., .,		55-07	4595						YES (In Mil	,	XYES NO STATE USE ONLY						
01	DATE OF ACCIDENT	08/1	м / 6/20	<u>DD/</u>)15	Y Y	YY	SM	T T	WIT	H F	s	TIME C	DF	1403	itary Time)	01/112 00	L OIVE					
A/2	ACCIDENT		Г				ЫЬ	ועונ				ACCID POLIC	E	1403								
	PLACE COUNTY Lancaster OF									NOTIFIED						08/16	3/201	15				
В	ACCIDENT	CITY	Lin	Lincoln PRIVATE PROPERTY? YES NO PROPERTY?											LATITUDE							
90 c	ROAD O																					
1	DISTANCE		FEET	Г	N	I S E	W OF MIL	EPOST		HIGHWAY NO.						LONGITUE						
D			IF.	AT INTERSE	CTION					IF NOT AT INTERSECTION												
1	0=:1	NAME OF INTERSECTING ROADWAY								\bigcirc M	IILES	N S	E	W OF N	EAREST STREE	T, BRIDGE	, RAIL	ROAD C	ROSSING	3		
V1/M	2/th	27th IF ACCIDENT WAS OUTSIDE CITY LIF								INIDIO	\ATE	NOTANO	\	DOM NEAE	DEST TOWN							
01 V2/M	MILES			N S E	W AND		SIDE CI				N OF I	NEAREST OR TOV		KOW NEAR	KEST TOWN							
V Z/IVI	_	D4										a S5-b		- 00 !	DOES ACCIDE	ENT INVO	IVE D	AMAGE	TO			
E	R. WORK ZONE	R1 1	R2	R3 R4	CLA	ESTRIAN ASSIFICATION	N 01	2	S3 1	S4	01		1	a S6-b	STATE DEPT.	OF ROAD	S' PR					
1	CODES	Ľ			COI	DES	01			LE N			<u>'</u>		○YE	s X	ONO	NO				
F	DRIVER			G22007	7/26			VE	ни	LEN	10. 1				STATE	NE	- CI		FEMALE			
1	DRIVER		NO.	022007	420							PHONE			(Of License)	LOCAL N		-^ <u>X</u>	MALE			
V1/N 2	CODY A		VO			CITY	STATE :	7IP				402	-418	8-0246	DATE OF							
V2/N	605 GR														BIRTH (MM / DD / YYYY)	V1/1 15					
	OWNER CODY A DREVO OWNER ADDRESS CITY, STATE, ZIP CITATION PENDING ON CITATION PENDING NO CITATION OPENDING NO CITATION NO.														V1/2							
_G 4	-		CITY, STATE, ZIP CITATION YES CITATION NO.																			
н	LICENSE PLATE												NE	V1/3								
2			Y	EAR	MAKE		MODEL				DDY STY		<u> </u>	COLOR		STIMATED I	DAMAG	iE	INL	V1/4		
V1/O	VEHICLE ID	T	2000 Chevrolet Silverad							Pickup truck wh					E COMPANY	TOTALE	D \$	0				
1 V2/O	NO. (VIN) TOWED TO	2G	CEK19T6Y1201257 Farmers Mutual														V1/5 - 15					
	TOWED TO					TOWED B	• т								68392					V1/6		
I ,	DDIVED							VE	HICI	LE N	0. 2				STATE	1			FEMALE	35		
1	DRIVER LICENSE DRIVER		NO.									Inuone			LOCAL NO.							
V1/P 1	DRIVER											PHONE				LOCAL N	V2/1					
V2/P	DRIVER ADDRI	ESS	CITY, STATE, ZIP												DATE OF BIRTH (MM / DD / YYYY	2						
	OWNER									PHONE					(О.). V:					
J 01	OWNER ADDRI	ESS	CITY, STATE, ZIP										C	CITATION	YES	CITATION	V2/3					
01 V1/Q	LICENSE												(PENDI YEAR	NG ONO		STA	TE				
4	PLATE	YEAR	NO.		MAKE		MODEL			В	ODY STY	'LE	(Pla	ate Expires)	 	STIMATED I	(Of P	late)		V2/4		
V2/Q	VEHICLE													IN IOU ID AN IO		TOTALE	D \$			V2/5		
К	VEHICLE ID NO. (VIN)													INSURANC	INSURANCE COMPANY							
02	TOWED TO		TOWED BY POLICY NO.										- V2/6									
	(Comp	olete	this se	ction	for all in	jured	l per	son	ıs					OF BIRTH	1 Seat	2	3 Body	4 Injury –	5 ans. MF		
VEH. #	NAME	(Con	пріете	a continuation	on report,	ADDRESS	tnree w	ere ınju	rea)						DD / YYYY)	Position	Eject	Region	Sev.			
0	Nathanie	D Da		2323 F #3		n, NE 685	808		TEMS	SERV	ICE NAM	F	1	2/01/20	004	19 EMS RU	N REP	05	4 2	2 M		
			Bry	yanLGH Me	dical Cen	,	ncoln G	eneral)				e & R	esci	ue								
VEH. #	NAME					ADDRESS																
	LOCAL NO.		MED	ICAL FACILITY	NAME				EMS	SERV	ICE NAM	E				EMS RU	N REP	DRT NO.				
VEH. #	NAME					ADDRESS							$\overline{}$									
			I.e.	1041 5:00					le. :	0=5:	105.1111	_				E		DT ::-				
	LOCAL NO.		MED	ICAL FACILITY N	NAME				EMS	SERV	ICE NAM	E				EMS RU	N REP	JRT NO.				



V#1 was stopped WB on Capitol Parkway in the intersection at 27th with a green traffic signal and waiting to turn left SB onto 27th. As traffic cleared, V#1 began turning left and was focused on an EB vehicle that was in the merge lane entering 27th SB when D#1 suddenly saw a WB bicycle being operated by Nathaniel rapidly crossing the south crosswalk. D#1 braked and almost got stopped before bumping the bicycle. Winess Hostetler was stopped NB on 27th in the left turn lane at Capitol Parkway waiting at the red light. Hostetler said that the bicycle was racing across the crosswalk and that D#1 didn't have time to react. Nathaniel's friend Chandler Pfeifer stated that he was racing Nathaniel WB on the bike path when Chandler stayed on the bike path under the roadway, but Nathaniel went up onto the crosswalk to take a short cut and was racing across the intersection when he was struck. Nathaniel corroborated Chandler's account. Nathaniel was ...

Kent Ambush bicyc N						naniel	D Dawes	s 2323 F		coln, NE 68508	PHONE 402-309-414		\$ 10				
						NAME			ADDRESS	;	PHONE		APPROX. COST OF DAMAGE				
Debra Hostetler 2420 E #2, Lincoln, NE							coln, NE	68508	ADDRESS			PHONE 402-483-7964 PHONE					
VEHICLE MOVEMENT BEFORE COLLISION						M		GED AREA		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1		OTAL VEH		1	/EH 2	
VE NC). IN	SE	≣ W X	ROAD OR HIGHWAY NAME Capitol Parkway		(Ente		or each vehic	,	- 4	- 2	TES	OHOL TING	Driver No. 1	Driver No. 2		
2					li I	OINT OF MPACT	F 01 POINT OF IMPACT MOST		1 Deployed - front 2 Deployed - side	1 None used - vehicle occupan 2 Lap & shoulder belt used	t TES	VEL STED	N X	N	N X		
	2 07 08		06 Turning left 07 Making U-tu 08 Entering traffic lane	rn DA	MOST AMAGED AREA	00	DAMAGED AREA		3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used		LCOH DRUG	S	Driver No. 1	Driver No. 2		
01 Essentially straight ahead 09 Leavi traffic 02 Backing 10 Parke 03 Changing lanes 11 Slowi stopp Passing 12 Other			09 Leaving traffic lane 10 Parked	09 10	0 None 9 Top & wi 0 Undercar 1 Total (all 2 Other	rriage 01	- \	04	6 Unknown VEHICLE 2	8 Costume helmet used 9 Restraint use unknown VEHICLE 2	1 Neither 2 Yes - al 3 Yes - di		er alcohol nor drugs alcohol suspected drugs suspected alcohol & drugs susp own				
OFFICER NO. 643 TROOP/ TEAM/ BEAT SE					AM/ CF			DEPARTA	oln Police Departmer	nt		otograp en?	hs 🤇	YES NO			
INVESTIGATOR NAME (Print or Type) Mark Fluitt									oved by	ATURE / Mark Fluitt		DATE		08/16/2015			

215032 55751	641		ln۱	vestigat	tor's N		Vehicle	. Ac		Descr	iption	Conti	nuatio	n Re	port sh		3 of _	3			
			Local Distri	nl No./ rict 566					Agency Case No.		В	35-0745	595			STA	TE USE ONI	ĹΥ			
DATE OF ACCIDENT (MM / DD / YYYY) 08/16/2015						PL	OF	UNTY	Lanca	ster											
ROAD ON WHICH ACCIDENT OCCURRED STREET/H									ncoln th/Capito												
		the law re																			
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